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CONFIRMATION NO. 5639

<b>SERIAL NUMBER</b> 10/823,819	<b>FILING OR 371(c) DATE</b> 04/14/2004 <b>RULE</b>	<b>CLASS</b> 514   2	<b>GROUP ART UNIT</b> 1654	<b>ATTORNEY DOCKET NO.</b> UOCB-0006
<b>APPLICANTS</b> Suzanne M.J. Fleiszig, Oakland, CA; David J. Evans, Oakland, CA; Robert A. Sack, Brookhaven, NY;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/462,913 04/15/2003				
<b>** FOREIGN APPLICATIONS *****</b> <i>None</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 06/24/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 22
Verified and Acknowledged <i>Abdel A. Mohamed</i> Examiner's Signature Initials		<b>INDEPENDENT CLAIMS</b> 7		
<b>ADDRESS</b> 23377				
<b>TITLE</b> Methods and compositions for treating ocular disease				
<b>FILING FEE RECEIVED</b> 640	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	